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Bib Data Sheet

CONFIRMATION NO. 6474

<b>SERIAL NUMBER</b> 10/037,203	<b>FILING OR 371(c) DATE</b> 01/04/2002 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 3693	<b>ATTORNEY DOCKET NO.</b> 030472.0001
<b>APPLICANTS</b> Katharine A. Hornung, Richmond, VA;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/259,737 01/04/2001 <i>Yes SC</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None SC</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY**</b> ** 02/04/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SC</i>		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 20
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 4		
<b>ADDRESS</b> 22467				
<b>TITLE</b> Method for identity theft protection				
<b>FILING FEE RECEIVED</b> 412	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	